| Fill in this information to identify your c                           |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |   |                                    |
| Case number (if known):   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P  | art 1: Identify Yourself   |  |   |
|----|--|--|---|
|    | -  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |  |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or | Jessika First Name A.                          | First Name                                    |
|    | passport).   | Middle Name                                    | Middle Name                                   |
|    | Bring your picture identification to your meeting  | Sutton Last Name                               | Last Name                                     |
|    | with the trustee.  | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you  |  |   |
|    | have used in the last 8 years  | First Name                                     | First Name                                    |
|    | Include your married or  | Middle Name                                    | Middle Name                                   |
|    | maiden names.  | Last Name                                      | Last Name                                     |
| 3. | Only the last 4 digits of your Social Security   | xxx - xx - <u>7</u> <u>1</u> <u>3</u> <u>3</u> | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer   | OR   | OR  |
|    | Identification number (ITIN)   | 9xx - xx                                       | 9xx - xx                                      |
| 4. | Any business names<br>and Employer<br>Identification Numbers   | ☑ I have not used any business names or EINs.  | ☐ I have not used any business names or EINs. |
|    | (EIN) you have used in<br>the last 8 years   | Business name                                  | Business name                                 |
|    | Include trade names and  | Business name                                  | Business name                                 |
|    | doing business as names  | Business name                                  | Business name                                 |

| Deb | otor 1 Case 16-04449 First Name                | A. Doc 1 Filed 02/12/16 Entered Sutton Page 2 Co   | 02/12/16 14:27:06 Desc Main<br>of \$2 <sup>e number (if known)</sup>  |  |  |
|-----|--|--|---|--|--|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|     |  |  |   |  |  |
|     |  |  |   |  |  |
| 5.  | Where you live                                 |  | If Debtor 2 lives at a different address:   |  |  |
|     |  | 463 Meadow Green Lane  |   |  |  |
|     |  | Number Street  | Number Street   |  |  |
|     |  |  |   |  |  |
|     |  | Round Lake IL 60073 City State ZIP Code  | City State ZIP Code   |  |  |
|     |  | Lake   |   |  |  |
|     |  | County   | County  |  |  |
|     |  | If your mailing address is different from<br>the one above, fill it in here. Note that the<br>court will send any notices to you at this<br>mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |  |  |
|     |  | 463 Meadow Green Lane  |   |  |  |
|     |  | Number Street  | Number Street   |  |  |
|     |  | P.O. Box   | P.O. Box  |  |  |
|     |  | Round Lake IL 60073  |   |  |  |
|     |  | City State ZIP Code  | City State ZIP Code   |  |  |
| 6.  | Why you are choosing this district to file for | Check one:   | Check one:  |  |  |
|     | bankruptcy                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |  |  |
|     |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |
| P   | art 2: Tell the Court                          | About Your Bankruptcy Case   |   |  |  |
| 7.  | The chapter of the Bankruptcy Code you         | Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the top  | Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.   |  |  |
|     | are choosing to file<br>under                  | Chapter 7  |   |  |  |
|     |  | Chapter 11   |   |  |  |
|     |  | ☐ Chapter 12   |   |  |  |
|     |  | Chapter 13   |   |  |  |
|     |  | <u> </u>   |   |  |  |
|     |  |  |   |  |  |

| Deb | case 16-04449                                      | A.Doc 1                 | Filed 02/12/16 Sutton Document  | Entered 02  | /12/16<br>se number                        | 14:27:06<br>r (if known)                           | Desc Mai                               | n                        |
|-----|--|-------------------------|---|---|--|--|--|--------------------------|
|     | First Name   | Middle Name             | DOGNAME   | rage 5 01 5   | _  |  |  |                          |
| 8.  | How you will pay the fee                           | court<br>pay v          | pay the entire fee whe<br>for more details about h<br>with cash, cashier's chec<br>lf, your attorney may pay                                  | now you may pay. ck, or money order.                                  | Typically, it                              | f you are payin<br>orney is submi                  | g the fee yourse<br>tting your payme   | lf, you may              |
|     |  |                         | ed to pay the fee in inst<br>iduals to Pay Your Filing  | •   |  |  | d attach the App                       | olication for            |
|     |  | By la<br>than<br>fee ir | uest that my fee be wa<br>w, a judge may, but is no<br>150% of the official poven<br>in installments). If you ch<br>g Fee Waived (Official Fo | ot required to, waiv<br>erty line that applie<br>noose this option, y | e your fee,<br>s to your fa<br>ou must fil | and may do s<br>amily size and<br>I out the Applic | o only if your inc<br>you are unable t | ome is less<br>o pay the |
| 9.  | Have you filed for bankruptcy within the           | <b>☑</b> No             |   |   |  |  |  |                          |
|     | last 8 years?                                      | Yes.                    |   |   |  |  |  |                          |
|     |  | District _              |   |   | When                                       | (  | Case number _                          |                          |
|     |  | <b>5</b>                |   |   |  |  |  |                          |
|     |  | District _              |   |   | When                                       | I/DD/YYYY  | Case number _                          |                          |
|     |  | District _              |   |   | When                                       |  | Case number _                          |                          |
| 10. | Are any bankruptcy                                 | <b>√</b> No             |   |   |  |  |  |                          |
|     | cases pending or being                             | ☐ Yes.                  |   |   |  |  |  |                          |
|     | filed by a spouse who is not filing this case with | _                       |   |   |  | Dalatianahin                                       | <b></b>                                |                          |
|     | you, or by a business                              | Debtor _                |   |   |  | =  | to you                                 |                          |
|     | partner, or by an affiliate?                       | District _              |   |   |  | I/DD/YYYY i  | Case number, _<br>f known              |                          |
|     |  | Debtor _                |   |   |  | Relationship                                       | to you                                 |                          |
|     |  | District _              |   |   |  |  | Case number, _                         |                          |
| 11. | Do you rent your residence?                        | ✓ No.<br>☐ Yes.         | Go to line 12.  Has your landlord obtates residence?  No. Go to line 12.  | 2.  | dgment ag                                  | ·  | do you want to s                       | , ,                      |

and file it with this bankruptcy petition.

| Deb | tor 1 Case 16-04449 First Name  | A.DO             |                                 | Filed 02/12/16  Document  | Entered 02/12/16 14 Page 4 of 52 number (i   | 4:27:06<br>f known)           | Desc                     | Main                             |
|-----|---|------------------|---------------------------------|---|--|-------------------------------|--------------------------|----------------------------------|
| Pa  |   |                  |                                 | esses You Own as  |  |                               |                          |                                  |
| 12. | Are you a sole proprietor of any full- or part-time business?   |                  |                                 | Go to Part 4.<br>Name and location of b                             | pusiness   |                               |                          |                                  |
|     | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, or<br>LLC. |                  |                                 | Name of business, if any  Number Street                             |  |                               |                          |                                  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.   |                  |                                 | Health Care Busi Single Asset Rea Stockbroker (as of                | e box to describe your business: ness (as defined in 11 U.S.C. § al Estate (as defined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101  | 101(27A))<br>:. § 101(51B)    | ZIP Co                   | de                               |
|     | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?   | <i>car</i><br>mo | n set a <sub>l</sub><br>st rece | opropriate deadlines. If ent balance sheet, staten                  | the court must know whether you indicate that you are a smale nent of operations, cash-flow state of exist, follow the procedure in the control of the court must know whether you are a small must | I business de<br>atement, and | ebtor, you<br>federal in | must attach your come tax return |
|     | For a definition of small   |                  | No.                             | I am not filing under C I am filing under Chap the Bankruptcy Code. | hapter 11.<br>ter 11, but I am NOT a small bus   | siness debto                  | r accordin               | g to the definition in           |
|     | business debtor, see<br>11 U.S.C. § 101(51D).   |                  | Yes.                            |   | ter 11 and I am a small business   | s debtor acco                 | ording to tl             | he definition in the             |
| Pa  | art 4: Report If You C  | )wn o            | r Hav                           | ve Any Hazardous I  | Property or Any Property   | / That Nee                    | eds Imm                  | ediate Attention                 |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable  |                  | No<br>Yes.                      | What is the hazard?   |  |                               |                          |                                  |
|     | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention?  |                  |                                 | If immediate attention  | is needed, why is it needed?   |                               |                          |                                  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                  |                                 | Where is the property   | Number Street  |                               |                          |                                  |
|     |   |                  |                                 |   | City   |                               | State                    | ZIP Code                         |

### Debtor 1

Part 5:

# Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

| I am not requ | ired to | receive | a briefing | about |
|---------------|---------|---------|------------|-------|
| credit counse |         |         |            |       |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 ☐ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

| П | I am not required | to | receive | а | briefing | about |
|---|-------------------|----|---------|---|----------|-------|
|   | credit counseling |    |         |   |          |       |

Incapacity. I have a mental illness or a mental

> deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| P   | art 6: Answer These C  | Quest  | ions                            | for Reporting Pu  | rpos    | ses   |                    |       |  |
|-----|--|--|---------------------------------|---|---------|---|--------------------|-------|--|
| 16. | What kind of debts do you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.                      |                                 |   |         |   |                    |       |  |
|     |  | 16b  |                                 |   |         |   |                    |       | e debts that you incurred to obtain e business or investment.  |
|     |  | 16c  | Sta                             | te the type of debts yo                                       | ou ow   | e that are not consu  | mer or busi        | ness  | s debts.   |
| 17. | Are you filing under Chapter 7?  |  | No.                             | I am not filing under   | Chap    | oter 7. Go to line 18.  |                    |       |  |
|     | Do you estimate that after any exempt property is excluded and   |  | Yes.                            | administrative exper  | •       | •   |                    | •     | xempt property is excluded and to distribute to unsecured creditors?   |
|     | administrative expenses are paid that funds will be available for distribution to unsecured creditors?   |  |                                 | ✓ No  Yes   |         |   |                    |       |  |
| 18. | How many creditors do you estimate that you owe?   |  | 1-49<br>50-99<br>100-1<br>200-9 | 99  |         | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  |                    |       | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. | How much do you estimate your assets to be worth?  |  | \$50,0<br>\$100                 | 50,000<br>001-\$100,000<br>,001-\$500,000<br>,001-\$1 million |         | \$1,000,001-\$10 mi<br>\$10,000,001-\$50 n<br>\$50,000,001-\$100<br>\$100,000,001-\$500 | nillion<br>million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. | How much do you estimate your liabilities to be?   |  | \$50,0<br>\$100                 | 50,000<br>001-\$100,000<br>,001-\$500,000<br>,001-\$1 million |         | \$1,000,001-\$10 mi<br>\$10,000,001-\$50 n<br>\$50,000,001-\$100<br>\$100,000,001-\$500 | nillion<br>million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| P   | art 7: Sign Below  |  |                                 |   |         |   |                    |       |  |
| For | you  |  | ve exa                          |   | nd I d  | eclare under penalty  | of perjury         | that  | the information provided is true   |
|     |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |                                 |   |         |   |                    |       |  |
|     |  |  |                                 | ney represents me and<br>cument, I have obtain                |         |   |                    |       | who is an attorney to help me fill .S.C. § 342(b).   |
|     |  | l rec  | uest r                          | elief in accordance wi  | th the  | chapter of title 11, l  | Jnited State       | es C  | code, specified in this petition.  |
|     | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |                                 |   |         |   |                    |       |  |
|     |  | <b>X</b> /   | s/ Jes                          | ssika A. Sutton   |         |   | x                  |       |  |
|     |  | _  |                                 | a A. Sutton, Debtor 1   |         |   |                    | re of | Debtor 2   |
|     |  | E  | Execut                          | ed on 02/12/2016<br>MM / DD / YYY                             | <u></u> |   | Execute            | d or  | n<br>MM / DD / YYYY  |
|     |  |  |                                 | 171171 / DD / 1 1 1   |         |   |                    |       | , , , , , , , , , , , , , , , , ,  |

Debtor 1 Case 16-04449 ADoc 1 Filed 02/12/16 Entered 02/12/16 14:27:06 Desc Main First Name Middle Name Docs Main Page 7 of 52e number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert J. Adams & Associates          |                        | Date | 02/12/2016         |  |
|---|------------------------|------|--------------------|--|
| Signature of Attorney for Debtor          |                        |      | MM / DD / YYYY     |  |
| Robert J. Adams & Associates Printed name |                        |      |                    |  |
| Robert J. Adams & Associates Firm Name    |                        |      |                    |  |
| 901 W. Jackson, Suite 202                 |                        |      |                    |  |
| Number Street                             |                        |      |                    |  |
|   |                        |      |                    |  |
|   |                        |      |                    |  |
|   |                        |      |                    |  |
| Chicago                                   | IL                     |      | 60603              |  |
| City                                      | State                  |      | ZIP Code           |  |
|   |                        |      |                    |  |
| Contact phone (312) 346-0100              | Email address <b>b</b> | ankr | uptcy713@yahoo.com |  |
| 0013056                                   |                        |      |                    |  |
| Bar number                                | State                  |      | _                  |  |

|              | II in this inf                   | um otion to                         |  | and this filing:   | <u>′</u>  |                                       |
|--------------|----------------------------------|-------------------------------------|--|--|---|---------------------------------------|
|              | II In this into                  | ormation to i                       | dentify your case  | and this filing:   |   |                                       |
| De           | ebtor 1                          | Jessika                             | Α.   | Sutton   |   |                                       |
|              |                                  | First Name                          | Middle Name  | Last Name  |   |                                       |
|              | ebtor 2<br>pouse, if filing)     | First Name                          | Middle Name  | Last Name  |   |                                       |
| l Ir         | nited States Ban                 | kruptov Court fo                    | r tha: NORTHERN F  | DISTRICT OF ILLINOIS   |   |                                       |
|              |                                  | Kruptcy Court to                    | rule. INDICTILIZATE  | NOTICIO OF ILLINOIS  |   |                                       |
|              | ase number<br>known)             |                                     |  |  | _   | if this is an<br>ed filing            |
|              |                                  |                                     |  |  |   |                                       |
| Of           | ficial Form                      | 106A/B                              |  |  |   |                                       |
| Sc           | hedule A/I                       | B: Property                         | y  |  |   | 12/15                                 |
| filin<br>she | g together, bothet to this form. | h are equally re<br>On the top of a | sponsible for supply<br>iny additional pages,  | Be as complete and accurate as ing correct information. If more write your name and case numbers, Land, or Other Real Es | space is needed, attach a s<br>per (if known). Answer eve | separate<br>ry question.              |
| 1.           | Do you own o                     | r have any lega                     | l or equitable interes   | t in any residence, building, land   | d, or similar property?                                   |                                       |
|              | ₩ No. Go to                      | Part 2.                             |  | - · · · · · · ·  |   |                                       |
|              | _                                | ere is the propert                  |  |  |   |                                       |
| 2.           |                                  | -                                   |  | of your entries from Part 1, inclinite that number here  |   | \$0.00                                |
|              |                                  | ,                                   |  |  |   |                                       |
| Pa           | art 2: Des                       | cribe Your V                        | ehicles  |  |   |                                       |
| -            |                                  | _                                   | -  | n any vehicles, whether they are also report it on Schedule G: E:  | =   |                                       |
| 3.           | Cars, vans, tru                  | ıcks, tractors, s                   | sport utility vehicles,  | motorcycles  |   |                                       |
|              | □ No<br>✓ Yes                    |                                     |  |  |   |                                       |
| 3.1.         |                                  |                                     | Who has  | an interest in the property?   | Do not deduct secured clair                               | ms or exemptions. Put the             |
| Mak          | ie:                              | Dodge                               | Check on   | e.   | amount of any secured clai                                |                                       |
| Mod          | lel:                             | Journey                             | <u></u>  | or 1 only  | Creditors Who Have Claims                                 |                                       |
| Yea          | r:                               | 2010                                |  | or 2 only<br>or 1 and Debtor 2 only  | Current value of the entire property?                     | Current value of the portion you own? |
| Арр          | roximate mileag                  | e: <b>97,000</b>                    |  | ast one of the debtors and another   | \$8,000.00  | \$8,000.00                            |
| Othe         | er information:                  |                                     |  |  | Ψο,σσοίσσ   | Ψο,οσο.οσ                             |
| 201          | 0 DODGE JO                       | URNEY                               |  | k if this is community property nstructions)   |   |                                       |
| 4.           |                                  |                                     |  | recreational vehicles, other vehit, fishing vessels, snowmobiles, m  |   |                                       |
|              | ✓ No<br>☐ Yes                    |                                     |  |  |   |                                       |
| 5.           |                                  | -                                   | -  | of your entries from Part 2, inclinite that number here  |   | \$8,000.00                            |
|              | This is for pay                  | , ,                                 | THE PARTY OF THE P |  |   |                                       |
| P            | art 3: Des                       | cribe Your P                        | ersonal and Hou  | sehold Items   |   |                                       |

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

| Debt      | Case 16-04449 Doc 1  btor 1 Jessika A.  | Filed 02/12/16<br>Do <b>sume</b> nt | Entered 02/12/16 14:27:06 Page 9 of 52e number (if known)                    | Desc Main  |
|-----------|---|-------------------------------------|--|------------|
| <b>.</b>  | First Name Middle Name  Household goods and furnishings   | Last Name                           |  |            |
|           | <b>—</b>  |                                     | Televisions over 2 years, household  | \$1,200.00 |
| <b>'.</b> |   |                                     | equipment; computers, printers, scanners; nes, cameras, media players, games |            |
|           | ✓ No ☐ Yes. Describe  |                                     |  |            |
| 3.        | Collectibles of value  Examples: Antiques and figurines; paintin stamp, coin, or baseball card of       |                                     |  |            |
|           | ✓ No ☐ Yes. Describe  |                                     |  |            |
| ).        | Equipment for sports and hobbies  Examples: Sports, photographic, exercise canoes and kayaks; carpentry |                                     | nent; bicycles, pool tables, golf clubs, skis;<br>ts                         |            |
|           | ✓ No ☐ Yes. Describe  |                                     |  |            |
| 0.        | Firearms     Examples: Pistols, rifles, shotguns, ammu  | unition, and related equip          | ment   |            |
|           | ✓ No ☐ Yes. Describe  |                                     |  |            |
| 1.        | Clothes     Examples: Everyday clothes, furs, leather   | r coats, designer wear, sh          | noes, accessories  |            |
|           | ☐ No ☑ Yes. Describe Necessary wear   | ring appeal                         |  | \$200.00   |
| 2.        | <ul> <li>Jewelry         Examples: Everyday jewelry, costume jew gold, silver     </li> </ul>           | welry, engagement rings,            | wedding rings, heirloom jewelry, watches, ger                                | ms,        |
|           | <ul><li>No</li><li>✓ Yes. Describe Misc jewelry</li></ul>   |                                     |  | \$200.00   |
| 3.        | Non-farm animals     Examples: Dogs, cats, birds, horses  |                                     |  |            |
|           | ✓ No ☐ Yes. Describe  |                                     |  |            |
| 4.        | . Any other personal and household item did not list  | ns you did not already li           | st, including any health aids you  |            |
|           | ✓ No ☐ Yes. Give specific information   |                                     |  |            |
| 5.        | . Add the dollar value of all of your entrie attached for Part 3. Write the number h                    |                                     |  | \$1,600.00 |
| Pa        | Part 4: Describe Your Financial   | Assets                              |  |            |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Case 16-04449 Filed 02/12/16 Entered 02/12/16 14:27:06 Doc 1 Page 11 ofc52 number (if known) Docsumment Debtor 1 Middle Name 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **☑** No Yes. Give specific information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information Federal: Anticipated Tax Refund. Amt: \$4,000.00 \$4,000.00 Federal: about them, including whether \$0.00 State: you already filed the returns and the tax years..... \$0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **☑** No ☐ Yes. Give specific information Alimony: \$0.00 \$0.00 Maintenance: Support: \$0.00 Divorce settlement: \$0.00 \$0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **√** No Yes. Name the insurance company of each policy and list its value..... Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died **✓** No ☐ Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue **☑** No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **☑** No Yes. Describe each claim.......

| Debt |  | esc Main<br>   |
|------|--|--|
| 5.   | Any financial assets you did not already list  |  |
|      | <b>⋈</b> No  |  |
|      | Yes. Give specific information   |  |
|      | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here  | \$4,010.00   |
| Pa   | rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any  | real estate in Part 1  |
| -    | De very som en house any level an emitteble interest in any business related masses of   |  |
| 7.   | Do you own or have any legal or equitable interest in any business-related property?   |  |
|      | ✓ No. Go to Part 6. ✓ Yes. Go to line 38.  |  |
|      |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | Accounts receivable or commissions you already earned  |  |
|      | ▼ No □ Yes. Describe   |  |
|      | Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  |  |
|      | ☑ No ☐ Yes. Describe   |  |
| 0.   | Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  |  |
|      | ▼ No □ Yes. Describe   |  |
| 1.   | Inventory  |  |
|      | ☑ No ☐ Yes. Describe   |  |
| 2.   | Interests in partnerships or joint ventures  |  |
|      | ✓ No      ☐ Yes. Describe Name of entity:    % of ownership:   |  |
| 3.   | Customer lists, mailing lists, or other compilations   |  |
|      | <ul> <li>No</li> <li>Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?</li> <li>No</li> <li>Yes. Describe</li> </ul>  |  |
| 4.   | Any business-related property you did not already list   |  |
|      | <ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>   |  |
|      | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here  | \$0.00   |
| Pa   | The control of the co | n Interest In.   |
| 6.   | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  |  |
|      | ☑ No. Go to Part 7.<br>□ Yes. Go to line 47.   |  |

Case 16-04449 Doc 1 Filed 02/12/16 Entered 02/12/16 14:27:06 Desc Main Page 13 ofc52 number (if known) Docsumment Debtor 1 Middle Name Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **☑** No Yes... 48. Crops--either growing or harvested **☑** No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Yes.... 50. Farm and fishing supplies, chemicals, and feed **☑** No ☐ Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have \$0.00 attached for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **☑** No ☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here.....

\$0.00

Debtor 1 Jessika A. Doswirment Page 14 Ofc562 number (if known)

First Name

Middle Name

| Part 8: List the Totals of Each Part of this Form                       |             |                              |   |             |
|---|-------------|------------------------------|---|-------------|
| 55. Part 1: Total real estate, line 2                                   |             |                              |   | \$0.00      |
| 56. Part 2: Total vehicles, line 5                                      | \$8,000.00  |                              |   |             |
| 57. Part 3: Total personal and household items, line 15                 | \$1,600.00  |                              |   |             |
| 58. Part 4: Total financial assets, line 36                             | \$4,010.00  |                              |   |             |
| 59. Part 5: Total business-related property, line 45                    | \$0.00      |                              |   |             |
| 60. Part 6: Total farm- and fishing-related property, line 52           | \$0.00      |                              |   |             |
| 61. Part 7: Total other property not listed, line 54                    | +\$0.00     |                              |   |             |
| 62. Total personal property. Add lines 56 through 61                    | \$13,610.00 | Copy personal property total | + | \$13,610.00 |
| <b>63.</b> Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              |   | \$13,610.00 |

|                     |                        | 1700                 |                     |
|---------------------|------------------------|----------------------|---------------------|
| Fill in this info   | ormation to ide        | ntify your case      | :                   |
| Debtor 1            | Jessika                | A.                   | Sutton              |
|                     | First Name             | Middle Name          | Last Name           |
| Debtor 2            |                        |                      |                     |
| (Spouse, if filing) | First Name             | Middle Name          | Last Name           |
| United States Bar   | nkruptcy Court for the | e: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS |
| Case number         |                        |                      |                     |
| (if known)          |                        |                      |                     |
|                     |                        |                      |                     |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| P              | art 1: Identify the Property You Cla   | im as Exempt                         |   |                                    |
|----------------|--|--------------------------------------|---|------------------------------------|
| 1.             | Which set of exemptions are you claiming?  ✓ You are claiming state and federal nonbank  ✓ You are claiming federal exemptions. 11 U  For any property you list on Schedule A/B that | kruptcy exemptions.                  |   |                                    |
|                | hedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim   | Specific laws that allow exemption |
|                |  | Schedule A/B                         | Check only one box for each exemption                                       |                                    |
| Be<br>Te<br>go | ef description droom set, child's bedroom set, 2 levisions over 2 years, household ods, tablet-labtop, and cell phone e from Schedule A/B:6  | \$1,200.00                           | \$1,200.00  100% of fair market value, up to any applicable statutory limit |                                    |
|                | ef description cessary wearing appeal  | \$200.00                             | \$200.00<br>100% of fair market   | 735 ILCS 5/12-1001(a), (e)         |
|                | e from Schedule A/B: 11  |                                      | value, up to any<br>applicable statutory<br>limit                           |                                    |
| 3.             | Are you claiming a homestead exemption of r (Subject to adjustment on 4/01/16 and every 3 y  ✓ No  ☐ Yes. Did you acquire the property covered ☐ No ☐ Yes                            | ears after that for cas              | ses filed on or after the da  | ,                                  |

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Case number (if known) Jessika Debtor 1 First Name Middle Name Last Name

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim |  | Specific laws that allow exemption |  |
|--|--|-----------------------------------|--|------------------------------------|--|
|  | Copy the value from Schedule A/B           |                                   | eck only one box for<br>h exemption  |                                    |  |
| Brief description  Misc jewelry  Line from Schedule A/B:12                             | \$200.00                                   |                                   | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | 735 ILCS 5/12-1001(b)              |  |
| Brief description  Cash  Line from Schedule A/B:16                                     | \$10.00                                    |                                   | \$10.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | 735 ILCS 5/12-1001(b)              |  |
| Brief description  Bank of America-just closed the account  Line from Schedule A/B:    | \$0.00                                     |                                   | \$0.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | 735 ILCS 5/12-1001(b)              |  |
| Brief description Anticipated Tax Refund Line from Schedule A/B:28                     | \$4,000.00                                 |                                   | \$4,000.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 735 ILCS 5/12-1001(g)(1), (2), (3) |  |
|  |  |                                   | \$0.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | 735 ILCS 5/12-1001(b)              |  |

|  |   | Docum                | nent Page 1                                  | <u>7 of </u> 52                    |  |                    |
|--|---|----------------------|--|------------------------------------|--|--------------------|
| Fill in this info                          | ormation to identi                                      | fy your case:        |  |                                    |  |                    |
| Debtor 1                                   | Jessika   | A.                   | Sutton                                       |                                    |  |                    |
| Debtor 1                                   |   | Middle Name          | Last Name                                    |                                    |  |                    |
| Debtor 2                                   |   |                      |  |                                    |  |                    |
| (Spouse, if filing)                        | First Name  | Middle Name          | Last Name                                    |                                    |  |                    |
|  |   | NODTHERN DIG         |  | .                                  |  |                    |
| United States Bar                          | nkruptcy Court for the:                                 | NORTHERN DIS         | IRICT OF ILLINOIS                            | <u> </u>                           |  |                    |
| Case number                                |   |                      |  |                                    | ☐ Check if this is                                 | s an               |
| (if known)                                 |   |                      |  |                                    | amended filing                                     |                    |
|  |   |                      |  |                                    |  |                    |
| Official Form                              | 106D  |                      |  |                                    |  |                    |
| Official Form                              | 1000  |                      |  |                                    |  |                    |
| Schedule D:                                | Creditors Who   | o Have Claim         | ns Secured by                                | Property                           |  | 12/15              |
| Do oo oomulata su                          | .d  | lo 16 to m.o.mio.d.  |  | othan bath and amount              |  | nderin ar          |
|  |   |                      |  |                                    | ly responsible for sup<br>es, and attach it to thi |                    |
|  | additional pages, writ                                  |                      |  |                                    | co, una attaon it to tin                           | 5 1 <b>0</b> 1111. |
|  | . •   | •                    | •  | ,                                  |  |                    |
| 1. Do any credit                           | ors have claims secu                                    | red by your proper   | ty?  |                                    |  |                    |
| ☐ No. Che                                  | ck this box and submit                                  | this form to the cou | rt with your other sche                      | dules. You have noth               | ning else to report on thi                         | is form.           |
|  | in all of the information                               |                      | ,  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
| Part 1: Lis                                | t All Secured Clai                                      | ms                   |  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
|  | ed claims. If a creditor                                |                      |  |                                    |  |                    |
|  | creditor separately for e<br>particular claim, list the |                      |  | Column A                           | Column B   | Column C           |
|  | particular claim, list the ible, list the claims in a   |                      |  | Amount of claim  Do not deduct the | Value of collateral that supports this             | Unsecured portion  |
| creditor's nam                             |   | .p.:.a.oo o. ao.     | ooranig to the                               | value of collateral                | claim  | If any             |
|  |   | Describe the pr      | onorty that                                  |                                    |  | ,                  |
| 2.1  |   | secures the cla      | • •  | \$17,000.00                        | \$8,000.00   | \$9,000.00         |
| American Credit                            | Acceptance  | — 2010 DODGE         |  |                                    |  |                    |
| Creditor's name<br><b>5486 Old Dixie</b> H | lwv   | 2010 00002           | oomine.                                      |                                    |  |                    |
| Number Street                              | ,   | _                    |  |                                    |  |                    |
|  |   | _                    |  |                                    |  |                    |
|  |   | •                    | ou file, the claim is:                       | Check all that apply.              |  |                    |
| Faraat Dark                                | CA 20207  | Contingent           |  |                                    |  |                    |
| Forest Park City                           | GA 30297<br>State ZIP Code                              | _ Unliquidated       |  |                                    |  |                    |
| Who owes the deb                           |   | Disputed             | Oh a ale all that an ale                     |                                    |  |                    |
| Debtor 1 only                              |   |                      | Check all that apply.                        | mortango or socured                | car loan)  |                    |
| Debtor 2 only                              |   |                      |  | mortgage or secured                | cai ioan)  |                    |
| Debtor 1 and D                             | ebtor 2 only  | _                    | n (such as tax lien, me<br>en from a lawsuit | echanic's nem                      |  |                    |
| At least one of                            | the debtors and anothe                                  | er 🗀 🔾               | ding a right to offset)                      |                                    |  |                    |
| —<br>☐ Check if this c                     | laim relates  | Auto Loan            |  |                                    |  |                    |
| to a communit                              |   |                      |  |                                    |  |                    |
| Date debt was inc                          | urred   | Last 4 digits of     | account number                               |                                    |  |                    |
|  |   |                      | •  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |
|  |   |                      |  |                                    |  |                    |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$17,000.00

| Fill in this inf    | ormation to i     | identify your case        | :                 |    |
|---------------------|-------------------|---------------------------|-------------------|----|
| Debtor 1            | Jessika           | A.                        | Sutton            |    |
|                     | First Name        | Middle Name               | Last Name         |    |
| Debtor 2            |                   |                           |                   |    |
| (Spouse, if filing) | First Name        | Middle Name               | Last Name         |    |
| United States Ba    | nkruptcy Court fo | or the: <b>NORTHERN D</b> | ISTRICT OF ILLINO | is |
| Case number         |                   |                           |                   |    |
| (if known)          |                   |                           |                   |    |

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - Yes.
- 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

| Total claim | Priority | Nonpriority |
|-------------|----------|-------------|
|             | amount   | amount      |

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| 4.1  |   | \$45.00  |
|--|---|----------|
| All Kids And Familycare  | Last 4 digits of account number   |          |
| Nonpriority Creditor's Name PO Box 19121   | When was the debt incurred?   |          |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |          |
|  | _ Contingent  |          |
|  | Unliquidated  |          |
| Springfield IL 62794   | Disputed  |          |
| Springfield         IL         62794           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |          |
| Who incurred the debt? Check one.  | **  |          |
| Debtor 1 only  | Student loans Obligations origing out of a congretion agreement or diverse  |          |
| Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |          |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| At least one of the debtors and another  | Other. Specify  |          |
| ☐ Check if this claim is for a community debt                                      | Medical Debt  |          |
| Is the claim subject to offset?  |   |          |
| ₩ No   |   |          |
| ☐ Yes  |   |          |
|  |   |          |
| 4.2  |   | \$800.00 |
| ATT  | Last 4 digits of account number   |          |
| Nonpriority Creditor's Name  | When was the debt incurred?   |          |
| PO BOX 5080<br>Number Street   | As of the date you file, the claim is: Check all that apply.  |          |
| Number Street  |   |          |
| _  | □ Contingent     □ Unliquidated   |          |
|  | — ☐ Disputed  |          |
| CAROL STREAM IL 60197  | _   |          |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |          |
| Who incurred the debt? Check one.  Debtor 1 only                                   | ☐ Student loans   |          |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |          |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  |          |
| At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Check if this claim is for a community debt  | ✓ Other. Specify  |          |
|  | UTILITY   |          |
| Is the claim subject to offset?  √ No  |   |          |
| ✓ No ☐ Yes   |   |          |
|  |   |          |

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Jessika

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Case number (if known)

Debtor 1

First Name Middle Name Last Name

| Part 2: Your NONPRIORITY Unsecure   | ed Claims Continuation Page  |             |
|---|--|-------------|
| After listing any entries on this page, number them previous page.              | sequentially from the  | Total claim |
| 4.3   |  | \$376.00    |
| Bank of America   | Last 4 digits of account number 7 1 5 8  | 4070.00     |
| Nonpriority Creditor's Name   | When was the debt incurred?  |             |
| PO Box 15284 Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|   | Contingent   |             |
|   | Unliquidated   |             |
| Wilmington DE 19850   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.   | Student loans  |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims   |             |
| At least one of the debtors and another   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| Check if this claim is for a community debt                                     | OVERDRAWN CHECKING ACCOUNT   |             |
| Is the claim subject to offset?   |  |             |
| <b>☑</b> No   |  |             |
| Yes   |  |             |
| 4.4   |  | \$200.00    |
| LI CITY OF CHICAGO  | Last 4 digits of account number  | \$300.00    |
| Nonpriority Creditor's Name   | When was the debt incurred?  |             |
| DEPT OF FINANCE Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
| PO BOX 88292  | Contingent   |             |
|   | Unliquidated   |             |
| CHICAGO IL 60680  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.   | Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                    | that you did not report as priority claims   |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another             | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| ☐ Check if this claim is for a community debt                                   | Other. Specify FINES/TICKETS   |             |
| Is the claim subject to offset?   | TINES/TIONETS  |             |
|   |  |             |
| ✓ No<br>Yes   |  |             |
|   |  |             |
| 4.5   |  | \$81.25     |
| City of Evanston Nonpriority Creditor's Name                                    | Last 4 digits of account number  |             |
| 2100 Ridge Ave  | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | ☐ Contingent ☐ Unliquidated  |             |
|   | Disputed   |             |
| Evanston         IL         60201           City         State         ZIP Code | T (NONERPORTY )  |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:   |             |
| ☑ Debtor 1 only   | Student loans  Obligations arising out of a separation agreement or divorce          |             |
| Debtor 2 only   | that you did not report as priority claims   |             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another          | Debts to pension or profit-sharing plans, and other similar debts                    |             |
|   | Other. Specify   |             |
| Check if this claim is for a community debt                                     | Other  |             |
| Is the claim subject to offset?  ✓ No   |  |             |
| ✓ No<br>☐ Yes   |  |             |

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Case number (if known)

Debtor 1

Jessika

Document

Last Name First Name Middle Name

| After listing any entries on this page, number them sequentially from the provious page.    46   | Part 2: Your NONPRIORITY Unsecu                 | red Claims Continuation Page  |             |
|--|---|---|-------------|
| Last 4 digits of account number   Customer Care Center   When was the debt incurred?   |   | m sequentially from the   | Total claim |
| Nonposery Crestler's Name   Customer Care Center   | <u></u>   | Last 4 digits of account number                                     | \$400.00    |
| As of the date you file, the claim is: Check all that apply.   | Nonpriority Creditor's Name                     |   |             |
| Contingent Chicago IL 60680 Cly State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9   |   |   |             |
| Uniquidated   Disputed   Disput   |   |   |             |
| Chicago   L   50680   Type of NONPRIORITY unsecured claim:  Type of NO   |   | Unliquidated  |             |
| Type of NONPRIORITY unsecured claim:    Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims usually claims usually claims in the claim subject to offset?  | Chicago II 60680                                | Disputed  |             |
| Student loans   Student loans   Obtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Obtor 1 only   Obtor 1 and Debtor 2 only   Obtor 1 only   Obtor 2 only   Obtor 3 only   Obtor 2 only   Obtor 3 only   Obto  |   | Type of NONPRIORITY unsecured claim:                                |             |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Utility Service      A 7  |   | ••  |             |
| Debtor 1 and Debtor 2 only   | <u> </u>  | Obligations arising out of a separation agreement or divorce        |             |
| Al least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?    Noppointy Creditor's Name   Check one.   Check one.   Check if this claim is for a community debt is the claim subject to offset?    Noppointy Creditor's Name   Check one.   Check one.   Check one.   Check if this claim is for a community debt is the claim subject to offset?    Al least one of the debtors and another   Check one.   Check one.   Check one.   Check one.   Check one.   Check one.   Check if this claim is for a community debt is the claim subject to offset?    Al least one of the debtors and another   Check one.   | <b>—</b>  |   |             |
| Check if this claim is for a community debt is the claim subject to offset?    4.7   | □ At least and a file and able and a settle and |   |             |
| Second continued to expect to offset?   State   Stat   | Check if this claim is for a community debt     |   |             |
| A,7   Department of Education/Neln   Last 4 digits of account number 6 9 3 2   Nonprolify Credition's Name   Last 4 digits of account number 6 9 3 2   Nonprolify Credition's Name   Last 4 digits of account number 6 9 3 2   Nonprolify Credition's Name   Last 4 digits of account number 6 9 3 2   Nonprolify Credition's Name   Last 4 digits of account number 6 9 3 2   Nonprolify Credition's Name   | Is the claim subject to offset?                 |   |             |
| A.7   Department of Education/NeIn   |   |   |             |
| Department of Education/NeIn Nonpriority Creditor's Name 121 S. 13th St Number Street  Lincoln NE 68508 City State 2 IP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As a community debt Is the claim subject to offset?  ENHANCED RECOVERY COMPANY Nombror Street  Street  As 4 digits of account number 6 9 3 2 2 When was the debt incurred?  As 6 of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only As 1 digits of account number Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts TUDENT LOAN  \$0.00  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts TUDENT LOAN  \$0.00  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Type of NONP   | ☐ Yes   |   |             |
| Department of Education/NeIn Nonpriority Creditor's Name 121 S. 13th St Number Street  Lincoln NE 68508 City State 2 IP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As a community debt Is the claim subject to offset?  ENHANCED RECOVERY COMPANY Nombror Street  Street  As 4 digits of account number 6 9 3 2 2 When was the debt incurred?  As 6 of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only As 1 digits of account number Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts TUDENT LOAN  \$0.00  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts TUDENT LOAN  \$0.00  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Type of NONP   | 4.7   |   | ¢45 000 00  |
| Nonperiority Creditor's Name   Street  |   | Last 4 digits of account number 6 0 2 2                             | \$15,000.00 |
| As of the date you file, the claim is: Check all that apply.   |   |   |             |
| Contingent   Con   |   |   |             |
| Lincoln  | Number Street                                   | _   |             |
| Lincoln NE 68508 City State ZiP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt least a proper of the debtor share ■ PO BOX 23870 Number Street ■ As of the date you file, the claim is: Check all that apply. ■ As of the date you file, the claim is: Check all that apply. ■ As of the date you file, the claim is: Check all that apply. ■ Contingent □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt 1 and Debtor 2 only □ Check if this claim is for a community debt 1 and Debtor 2 only □ Debtor 1 and   |   | <b>—</b>  |             |
| Type of NONPRIORITY unsecured claim:    Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising plans, and other similar debts   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising plans, and other similar debts   Obligations arising plans, and other similar debts   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising plans, and other similar debts   Other. Specify   STUDENT LOAN  | Lincoln NE COEOO                                | Disputed  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes ☐ Ves ☐ Nonpriority Creditor's Name PO BOX 23870 Number Street ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Nonpriority Creditor's Name PO BOX 23870  When was the debt incurred? As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ None of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Collecting for -SPRINT ☐ Collecting for -SPRINT   |   | Type of NONDPIODITY unsecured claim:                                |             |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Nonpriority Creditor's Name PO BOX 23870 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NoNPRIORITY unsecured claim: Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Nonpriority Creditor's Name Very State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Very State Ve  | Who incurred the debt? Check one.               | ••  |             |
| Debtor 1 and Debtor 2 only   | •   |   |             |
| At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes  4.8  STUDENT LOAN  STUDENT LOAN  \$0.00  ENHANCED RECOVERY COMPANY Nonpriority Creditor's Name PO BOX 23870 Number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collecting for -SPRINT  | <b>L</b>  | that you did not report as priority claims                          |             |
| Check if this claim is for a community debt is the claim subject to offset?  No Yes  4.8  ENHANCED RECOVERY COMPANY Nonpriority Creditor's Name PO BOX 23870 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Disputed  Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  No  No  No  No  No  No  No  N  | <b>4</b>  |   |             |
| Is the claim subject to offset?  No Yes  4.8  ENHANCED RECOVERY COMPANY Nonpriority Creditor's Name PO BOX 23870 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  \$0.00  \$ | Charle if this plains in fan a community dabt   |   |             |
| No   |   | STODENT LOAN  |             |
| \$0.00  ENHANCED RECOVERY COMPANY Nonpriority Creditor's Name PO BOX 23870 Number Street  Men was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  No  No  No  No  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collecting for -SPRINT  |   |   |             |
| ENHANCED RECOVERY COMPANY  Nonpriority Creditor's Name PO BOX 23870  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collecting for -SPRINT   | = .,  |   |             |
| ENHANCED RECOVERY COMPANY Nonpriority Creditor's Name PO BOX 23870  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -SPRINT  |   |   |             |
| Nonpriority Creditor's Name PO BOX 23870  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Topic of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -SPRINT  |   |   | \$0.00      |
| Number Street    Street   As of the date you file, the claim is: Check all that apply.   |   |   |             |
| Contingent   Unliquidated   Disputed   | ' '   |   |             |
| JACKSONVILLE FL 32241  City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  | Number Street                                   |   |             |
| JACKSONVILLE FL 32241  City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ☐ Disputed  Type of NONPRIORITY unsecured claim:  ─ Type of NONPRIORITY unsecured claim:  ─ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify  Collecting for -SPRINT  |   |   |             |
| City State ZIP Code Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Is the claim subject to offset? ☑ No  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Collecting for -SPRINT  |   |   |             |
| Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Is the claim subject to offset? ☑ No  |   |   |             |
| <ul> <li>☑ Debtor 1 only</li> <li>☑ Debtor 2 only</li> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and another</li> <li>☑ Check if this claim is for a community debt</li> <li>Is the claim subject to offset?</li> <li>☑ No</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☑ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify</li> <li>Collecting for -SPRINT</li> </ul>  |   | ••  |             |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ No □ Debtor 2 only that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify Collecting for -SPRINT  | Debtor 1 only                                   |   |             |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No   |   |   |             |
| ☐ Check if this claim is for a community debt  Collecting for -SPRINT  Is the claim subject to offset?  No   | <b>—</b>  | ☐ Debts to pension or profit-sharing plans, and other similar debts |             |
| Is the claim subject to offset?  ✓ No  | <b>—</b>  |   |             |
| ☑ No   |   | Collecting for -SPKIN1  |             |
|  |   |   |             |
|  |   |   |             |

Case 16-04449 Doc 1

Debtor 1

Part 2:

Jessika

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First Name

Middle Name

Last Name

# Your NONPRIORITY Unsecured Claims -- Continuation Page

| After listing any entries on this page, number then previous page.  | n sequentially from the  | Total claim |
|---|--|-------------|
| First Midwest Bank Nonpriority Creditor's Name P.O. Box 125 Number Street  Bedford Park IL 60499-0125  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes             | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify OTHER                       | \$1,200.00  |
| A.10   ILLINOIS DEPARTMENT OF EMPLYMENT   | Last 4 digits of account number 0 8 8 6  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Alleged Overpayment | \$1,120.00  |
| 4.11  LAKE COUNTY SURGEONS  Nonpriority Creditor's Name 1 S GREENLEAF  Number Street  SUITE A   GURNEE IL 60031  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Debt                | \$50.00     |

Doc 1 Case 16-04449

Jessika

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Debtor 1

First Name Middle Name

Last Name

| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
|--|---|-------------|
| After listing any entries on this page, number the previous page.  | m sequentially from the   | Total claim |
| Nordstrom FSB Nonpriority Creditor's Name PO Box 79134 Number Street   | Last 4 digits of account number 4 _0 _1 When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$430.00    |
| Phoenix City State Check Who incurred the debt?  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card  |             |
| 4.13 Sprint Nonpriority Creditor's Name  | Last 4 digits of account number When was the debt incurred?   | \$800.00    |
| P.O.Box 600760  Number Street  Jacksonville FL 32260-0670  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Utility |             |
| THOMAS & THOMAS MEDICAL LTD  Nonpriority Creditor's Name 3915 OGLESBY AVE  Number Street   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   | \$35.00     |
| GURNEE  City  State  ZIP Code  Who incurred the debt?  Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  | □ Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Madical Debt   |             |

✓ No ☐ Yes

Is the claim subject to offset?

Case 16-04449 Doc 1

Debtor 1

Jessika

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Case number (if known)

First Name Middle Name Last Name

| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page                                      |             |
|---|---|-------------|
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.15  |   | \$385.00    |
| VILLAGE OF ROUND LAKE BEACH                                       | Last 4 digits of account number 8 5 7 4                           | -           |
| Nonpriority Creditor's Name                                       | When was the debt incurred?                                       |             |
| 1937 North Municipal Way  |   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|   | □ Contingent     □ Unliquidated                                   |             |
|   | — ☐ Disputed  |             |
| ROUND LAKE BEACH IL 60073   | _   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| Check if this claim is for a community debt                       | ✓ Other. Specify  FINES   |             |
| Is the claim subject to offset?                                   | FINES   |             |
| ·   |   |             |
| ☑ No<br>☐ Yes   |   |             |
| <b>–</b>  |   |             |
| Non-Discharge   |   |             |
| 4.16  |   | \$401.00    |
| WAUKEGAN CLINIC CORP  | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?                                       |             |
| PO BOX 8927   |   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|   | _ ☐ Contingent ☐ Unliquidated                                     |             |
|   | — ☐ Disputed  |             |
| BELFAST ME 04915  | _   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:                              |             |
|   | ☐ Student loans   |             |
|   | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  Medical Debt                                    |             |
| Is the claim subject to offset?                                   | modical Dest  |             |
| No  |   |             |
| Yes   |   |             |

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Debtor 1

Jessika

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Middle Name First Name

Last Name

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| ADVANCED RADIOLO              | OGY         |                            | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |
|-------------------------------|-------------|----------------------------|--|---|--|--|--|
| Name 1245 West Dundee Ro      | oad         |                            | Line of (Check one):   | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 |             |                            | Medical Debt   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|                               |             |                            | Last 4 digits of account num   | ber   |  |  |  |
| BUFFALO GROVE<br>City         | IL<br>State | 60089<br>ZIP Code          | _  |   |  |  |  |
| Ony .                         | Claio       | 2.1. 0000                  |  |   |  |  |  |
| AFNI                          |             |                            | On which entry in Part 1 or  | Part 2 did you list the original creditor?          |  |  |  |
| Name 1310 MARTIN LUTHE        | R KING D    | RIVE                       | Line of (Check one):   | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 |             |                            | Collecting for -ATT  | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|                               |             |                            | <ul> <li>Last 4 digits of account nun</li> </ul>                       | ber   |  |  |  |
| BLOOMINGTON                   | IL          | 61702                      | _  |   |  |  |  |
| City                          | State       | ZIP Code                   |  |   |  |  |  |
| ARNOLD SCOTT HAR              | RRIS PC     |                            | On which entry in Part 1 or  | Part 2 did you list the original creditor?          |  |  |  |
| Name 111 WEST JACKSON         | BLVD        |                            | Line of (Check one):   | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 |             |                            | Collecting for -ILLINOIS   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| SUITE 500                     |             |                            | — STATE TOLLWAY  |   |  |  |  |
| 0.110.1.0.0                   |             |                            | <ul> <li>Last 4 digits of account nun</li> </ul>                       | ber   |  |  |  |
| CHICAGO<br>City               | IL<br>State | <b>60604</b> ZIP Code      | _  |   |  |  |  |
| •                             |             |                            |  |   |  |  |  |
| Certified Services            |             |                            | On which entry in Part 1 or  | Part 2 did you list the original creditor?          |  |  |  |
| Name<br>1733 Washington St. S | Ste. 201    |                            | Line of (Check one):   | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 |             |                            | Collecting for -THOMAS   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|                               |             |                            | — AND THOMAS   |   |  |  |  |
| 147                           |             | 2225                       | <ul> <li>Last 4 digits of account nun</li> </ul>                       | ber   |  |  |  |
| Waukegan<br>City              | IL<br>State | 60085<br>ZIP Code          | _  |   |  |  |  |
|                               |             |                            |  |   |  |  |  |
| Commonwealth Ediso            | on          |                            | On which entry in Part 1 or  | Part 2 did you list the original creditor?          |  |  |  |
| Name Bill Payment Center      |             |                            | Line <b>4.6</b> of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 |             |                            |  | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|                               |             |                            | _  | • and a croamore man recipions, consecuted examine  |  |  |  |
|                               |             |                            | <ul> <li>Last 4 digits of account num</li> </ul>                       | ber   |  |  |  |
| Chicago<br>City               | IL<br>State | <b>60668-0001</b> ZIP Code | _  |   |  |  |  |
|                               |             |                            |  |   |  |  |  |
| ICS<br>Name                   |             |                            | On which entry in Part 1 or  | Part 2 did you list the original creditor?          |  |  |  |
| PO Box 1010                   |             |                            | Lineof (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| Number Street                 | -           |                            | Collecting for -   | Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|                               |             |                            | — ADVANCED RADIOLOGY   | _   |  |  |  |
| Tiploy Park                   |             | 60477                      | <ul> <li>Last 4 digits of account num</li> </ul>                       | ber   |  |  |  |
| Tinley Park                   | IL<br>State | <b>60477</b><br>ZIP Code   | <del>_</del>   |   |  |  |  |

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Debtor 1

Jessika

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First Name Middle Name Last Name

#### Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

| Illinois State Tollway       |             |                       | On which e                       | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
|------------------------------|-------------|-----------------------|----------------------------------|---------|----------------|----------|---|
| Name Attn: Violation Admin.  | Contor      |                       | -<br>Line                        | of      | (Check one):   | _        | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street                | Center      |                       | Fines                            | _01     | (Check one):   | Ц        | Part 1: Creditors with Priority Unsecured Claims          |
| 2700 Ogden Ave               |             |                       | -                                |         |                |          | Part 2: Creditors with Nonpriority Unsecured Claims       |
|                              |             |                       |                                  |         |                |          |   |
| Downers Grove                | IL          | 60515                 | - Last 4 digit                   | ts of   | account num    | ber      |   |
| City                         | State       | ZIP Code              | -                                |         |                |          |   |
| •                            |             |                       |                                  |         |                |          |   |
| Keynote Consulting           |             |                       | On which e                       | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
| Name<br>220 W. Campus Dr., S | te 102      |                       | Line                             | of      | (Check one):   | П        | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street                |             |                       | Collecting                       |         |                | ᆜ        | ·   |
|                              |             |                       | _                                |         | DIATRICS       | Ш        | Part 2: Creditors with Nonpriority Unsecured Claims       |
|                              |             |                       |                                  |         |                | L        |   |
| Arlington Heights            | IL          | 60004                 | · Last 4 digit                   | is or   | account num    | ber      |   |
| City                         | State       | ZIP Code              | -                                |         |                |          |   |
|                              |             |                       |                                  |         |                |          |   |
| MUNICIPAL COLLECT            | TION SER    | VICES, INC            | On which e                       | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
| Name                         |             | •                     |                                  |         | (0)            | _        | Part 4. One difference life Principal Language of Obsider |
| PO BOX 327<br>Number Street  |             |                       | Line                             | _       |                |          | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street                |             |                       | _                                | _       | -VILLAGE       |          | Part 2: Creditors with Nonpriority Unsecured Claims       |
|                              |             |                       | · OF ROUN                        | ID LA   | AKE BEACH      |          |   |
|                              |             |                       | <ul> <li>Last 4 digit</li> </ul> | ts of   | account num    | ber      |   |
| PALOS HEIGHTS City           | IL<br>State | <b>60463</b> ZIP Code | -                                |         |                |          |   |
| City                         | State       | Zii Code              |                                  |         |                |          |   |
| Professional Account         | Managai     | ment                  | On which                         | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
| Name                         | wanaye      | Helit                 | . On which c                     | Jiiti y | in rait roi i  | ait 2    | t did you hat the original creditor:                      |
| <b>Collection Services D</b> | ivision     |                       | _ Line                           | _       | (Check one):   |          | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street PO Box 391     |             |                       | Collecting                       | g For   | -city of       | П        | Part 2: Creditors with Nonpriority Unsecured Claims       |
| 1 O BOX 331                  |             |                       | - evanston                       |         |                |          |   |
|                              |             |                       | - Last 4 digif                   | ts of   | account num    | ber      |   |
| Milwaukee                    | WI          | 53201-0391            | _                                |         |                |          |   |
| City                         | State       | ZIP Code              |                                  |         |                |          |   |
|                              |             |                       |                                  |         |                |          |   |
| Name                         | CS          |                       | On which e                       | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
| 214 WASHINGTON               |             |                       | Line                             | of      | (Check one):   | П        | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street                |             |                       | Medical D                        | <br>ebt |                | $\equiv$ | Part 2: Creditors with Nonpriority Unsecured Claims       |
|                              |             |                       | -                                |         |                | Ш        | Tare 2. Ordanois with Horiphority Orisodured Glaims       |
|                              |             |                       | - I ast 4 digi                   | ts of   | account num    | her      |   |
| INGLESIDE                    | IL          | 60041                 | Lact : algi                      |         | account mann   |          | <del></del>   |
| City                         | State       | ZIP Code              | -                                |         |                |          |   |
|                              |             |                       |                                  |         |                |          |   |
| TRACKERS INC                 |             |                       | On which e                       | entry   | in Part 1 or P | art 2    | 2 did you list the original creditor?                     |
| Name  D/B/A EASTERN IOWA     | A COLLE     | CTION BUREAU          | Line                             | ٥f      | (Check one):   |          | Part 1: Creditors with Priority Unsecured Claims          |
| Number Street                |             | C.ION DUNLAU          | Collecting                       |         | ,              | ᆜ        |   |
| 1970 SPRUCE HILLS            | DRIVE       |                       | - MIDWEST                        |         |                |          | Part 2: Creditors with Nonpriority Unsecured Claims       |
|                              |             |                       |                                  |         |                | ha       |   |
| BETTENDORF                   | IA          | 52722                 | Last 4 digit                     | is or   | account num    | ner      |   |
| City                         | State       | ZIP Code              | =                                |         |                |          |   |

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Debtor 1

Jessika

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First Name Middle Name

Last Name

### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |                         | Total claim |
|--------------------------|-----|---|-------------------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.                     | \$0.00      |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.                     | \$0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.                     | \$0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | <sup>6d.</sup> <b>⊀</b> | \$0.00      |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.                     | \$0.00      |
|                          |     |   |                         | Total claim |
| Total claims from Part 2 | 6f. | Student loans   | 6f.                     | \$0.00      |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                     | \$0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                     | \$0.00      |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. <b>-</b>            | \$21,423.25 |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.                     | \$21,423.25 |

| Fill in this inf       | formation to       | identify your case        | :                   |  |
|------------------------|--------------------|---------------------------|---------------------|--|
| Debtor 1               | Jessika            | A.                        | Sutton              |  |
|                        | First Name         | Middle Name               | Last Name           |  |
| Debtor 2               |                    |                           |                     |  |
| (Spouse, if filing)    | First Name         | Middle Name               | Last Name           |  |
| United States Ba       | inkruptcy Court fo | or the: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS |  |
| Case number (if known) |                    |                           |                     |  |
| ,                      |                    |                           |                     |  |

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

| 1. | DO ?                    | ou n | ave any executory contracts or unexpired leases?  |
|----|-------------------------|------|---|
|    | $\overline{\mathbf{V}}$ | No.  | Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.         |
|    | П                       | Yes. | Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). |

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

|  | 10 01110                                | Doci Doci   | iment Page  | 29 of 52   | , man       |
|--|---|---|---|--|-------------|
| Fill in this inf   | ormation to ic                          | dentify your case:  |   |  |             |
| Debtor 1   | <b>Jessika</b><br>First Name            | <b>A.</b><br>Middle Name  | Sutton<br>Last Name   |  |             |
| Debtor 2<br>(Spouse, if filing)                          | First Name                              | Middle Name   | Last Name   |  |             |
| United States Ba   | nkruptcy Court for                      | the: NORTHERN D   | ISTRICT OF ILLINO   | IS   |             |
| Case number<br>(if known)                                |   |   |   | ☐ Check if this amended fil  |             |
| Official Form  | 106H                                    |   |   |  |             |
| Schedule H   | : Your Code                             | ebtors  |   |  | 12/15       |
| two married peop<br>needed, copy the<br>page. On the top | le are filing toget<br>Additional Page, | her, both are equally<br>fill it out, and numbe<br>I Pages, write your na | responsible for suppl<br>r the entries in the bo<br>ame and case number | ave. Be as complete and accurate as postlying correct information. If more space in xes on the left. Attach the Additional Page (if known). Answer every question.  Her spouse as a codebtor.) | s           |
| ✓ No<br>☐ Yes  |   |   |   |  |             |
|  |   |   |   | territory? (Community property states and ico, Texas, Washington, and Wisconsin.)  | territories |
| No. Go to Yes. Did                                       | l your spouse, forr                     | mer spouse, or legal e  | quivalent live with you a   | it the time?   |             |
| person show  | n in line 2 again                       | as a codebtor only if   | that person is a guara  | codebtor if your spouse is filing with you<br>intor or cosigner. Make sure you have lis<br>n 106E/F), or <i>Schedule G</i> (Official Form 10   | sted the    |

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

|                   |   |  | Docu   | ment Pac                             | ie 30     | of 5       | 2                     |   |
|-------------------|---|--|--|--------------------------------------|-----------|------------|-----------------------|---|
| F                 | ill in this inform  | ation to identify                            | y your case:   |                                      |           |            |                       |   |
|                   | Debtor 1  | Jessika                                      | A.   | Sutton                               |           |            |                       |   |
|                   |   | First Name                                   | Middle Name  | Last Name                            |           |            | Che                   | ck if this is:  |
|                   | Debtor 2  | First Name                                   | Middle Nows  | Last Name                            |           |            | _ _                   | An amended filing   |
|                   | (Spouse, if filing)   |  | Middle Name  |                                      |           | _          |                       | A supplement showing postpetition   |
|                   | United States Bankru  | uptcy Court for the:                         | NORTHERN   | DISTRICT OF IL                       | LINOI     | <u>S</u>   | —  ┗                  | chapter 13 income as of the following date:   |
|                   | Case number (if known)  |  |  |                                      | _         |            |                       |   |
|                   | ,   |  |  |                                      |           |            |                       | MM / DD / YYYY  |
| Of                | fficial Form 10   | <u>61</u>                                    |  |                                      |           |            |                       |   |
| Sc                | chedule I: You  | ur Income                                    |  |                                      |           |            |                       | 12/15   |
| inc<br>abo<br>you | lude information ab<br>out your spouse. If<br>ur name and case no | out your spouse.<br>more space is nee        | lf you are separ<br>ded, attach a se<br>Answer every q | ated and your speparate sheet to the | ouse is   | not fi     | ling with y           | spouse is living with you,<br>ou, do not include information<br>any additional pages, write |
| 1.                | Fill in your employ information.                                  | yment  |  |                                      |           |            |                       |   |
|                   | If you have more th   | nan one                                      |  | Debtor 1                             |           |            |                       | Debtor 2 or non-filing spouse   |
|                   | job, attach a separa  | ate page Emplo                               | yment status   | <b>☑</b> Employed                    |           |            |                       | Employed  |
|                   | with information ab additional employe                            |  |  | ■ Not employ                         | ed        |            |                       | ☐ Not employed  |
|                   |   | Occup  | ation  | Mail Clerk                           |           |            |                       |   |
|                   | Include part-time, s<br>or self-employed w                        |  | yer's name   | ARO                                  |           |            |                       | -,  |
|                   | Occupation may in   | Lilipio                                      | yer's address  | 200 W Adams                          | St #20    | 000        |                       |   |
|                   | student or homema applies.  | aker, if it                                  |  | Number Street                        |           |            |                       | Number Street   |
|                   |   |  |  |                                      |           |            |                       | _   |
|                   |   |  |  | Oktoone                              |           |            |                       | -   |
|                   |   |  |  | Chicago<br>City                      |           | L<br>State | <b>60606</b> Zip Code | City State Zip Code   |
|                   |   | Hamile                                       |  | nere? 1.5 mo                         |           |            | ·                     | •   |
|                   |   | How Id                                       | ong employed th  | nere? 1.5 IIIO                       | nun       |            | -                     | <del></del>   |
| ŀ                 | art 2: Give D   | etails About Mo                              | onthly Incom   | •                                    |           |            |                       |   |
|                   |   |  |  |                                      |           |            |                       |   |
|                   | timate monthly inco<br>n-filing spouse unless                     |  |  | <b>n.</b> If you have noth           | ning to r | eport      | for any line          | , write \$0 in the space. Include your  |
| -                 | ou or your non-filing s<br>I need more space, a                   | •  |  | er, combine the inf                  | ormatio   | n for a    | all employe           | rs for that person on the lines below. If   |
| you               | rneed more space, a   | illacii a separate sii                       |  |                                      |           | D          | -644                  | For Debter 2 or   |
|                   |   |  |  |                                      |           | ror Di     | ebtor 1               | For Debtor 2 or non-filing spouse   |
| 2.                |   | s wages, salary, ar<br>. If not paid monthly |  |                                      | 2.        | \$         | 2,464.00              |   |
| 3.                | Estimate and list r   | monthly overtime p                           | oay.   |                                      | 3. +      |            | \$0.00                |   |
| 4.                | Calculate gross in  | come. Add line 2                             | + line 3.  |                                      | 4.        | \$         | 2,464.00              |   |
|                   |   |  |  |                                      | L         |            |                       |   |

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Debtor 1 Jessika

Document

First Name Middle Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... \$2,464.00 List all payroll deductions: \$280.88 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. \$0.00 \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. 5h. Other deductions. 5h.+ \$0.00 Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +\$280.88 5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$2,183.12 List all other income regularly received: 8a. Net income from rental property and from operating a 8a. \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 8c. dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 8e. Social Security \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. 8h. 🛓 Specify: \$0.00 **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$0.00 Calculate monthly income. Add line 7 + line 9. \$2,183.12 \$2,183.12 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12 \$2,183.12 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? Lives with Mother for now until school is finished. Possible Child Support in the future Yes. Explain:

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| F    | ill in this inforn                               | nation to iden      | tify your case:   |             |   | Cha    | ck if this | ie:                         |                               |
|------|--|---------------------|---|-------------|---|--------|------------|-----------------------------|-------------------------------|
|      | Debtor 1   | Jessika             | Α.  | Sutto       | on  |        |            | ended filing                |                               |
|      |  | First Name          | Middle Name   | Last Na     |   |        | A suppl    | ement showing 13 expenses a |                               |
|      | Debtor 2<br>(Spouse, if filing)                  | First Name          | Middle Name   | Last Na     | ame                                       |        | followin   |                             | 3 of the                      |
|      | United States Bank                               | ruptcy Court for th | e: NORTHERN DI  | STRICT O    | F ILLINOIS                                |        | MM / D     | D / YYYY                    |                               |
|      | Case number                                      |                     | ·   |             |   |        | IVIIVI / D | <i>D</i>                    |                               |
|      | (if known)                                       |                     |   |             |   |        |            |                             |                               |
| Of   | ficial Form 10                                   | <u> 06J</u>         |   |             |   |        |            |                             |                               |
| Sc   | hedule J: Yo                                     | our Expense         | es  |             |   |        |            |                             | 12/15                         |
| cor  | rect information. I                              | If more space is r  | ble. If two married p<br>needed, attach anoth<br>iswer every question | er sheet to |   |        |            |                             |                               |
| Р    | art 1: Descr                                     | ibe Your Hous       | sehold  |             |   |        |            |                             |                               |
| 1.   | Is this a joint cas                              | se?                 |   |             |   |        |            |                             |                               |
|      | _ No   | Debtor 2 live in a  | separate household?   |             | es for Separate House                     | hold o | f Debtor   | 2.                          |                               |
| 2.   | Do you have dep                                  | endents?            | ] No  |             |   |        |            |                             |                               |
|      | Do not list Debtor<br>Debtor 2.                  | 1 and               | Yes. Fill out this in for each dependen                               |             | Dependent's relation Debtor 1 or Debtor 1 |        | p to       | Dependent's age             | Does dependent live with you? |
|      |  |                     |   |             | Son                                       |        |            | 3                           | □ No<br>- ☑ Yes               |
|      | Do not state the d names.                        | ependents'          |   |             |   |        |            |                             | □ No                          |
|      |  |                     |   |             |   |        |            |                             | - ∏ Yes<br>□ No               |
|      |  |                     |   |             |   |        |            |                             | Yes                           |
|      |  |                     |   |             |   |        |            |                             | □ No<br>- □ Yes               |
|      |  |                     |   |             |   |        |            |                             | ☐ No                          |
|      |  |                     |   |             |   |        |            |                             | Yes                           |
| 3.   | Do your expense expenses of peo yourself and you | ple other than      | ☑ No<br>□ Yes   |             |   |        |            |                             |                               |
|      |  |                     |   |             |   |        |            |                             |                               |
| Р    | art 2: Estima                                    | ate Your Ongo       | oing Monthly Exp  | enses       |   |        |            |                             |                               |
| to r | eport expenses as                                | of a date after th  | nkruptcy filing date une bankruptcy is filed                          |             |   |        |            |                             |                               |
|      | form and fill in the                             | • •                 |   | tongo if yo | , know the value of                       |        |            |                             |                               |
|      |  |                     | sh government assis<br>on Schedule I: Your I                          |             |   |        |            | Your expens                 | ses                           |
| 4.   |  |                     | penses for your resided any rent for the grou                         |             |   |        | 4          | 1                           | \$500.00                      |
|      | If not included in                               | line 4:             | •   |             |   |        |            |                             |                               |
|      | 4a. Real estate t                                | axes                |   |             |   |        | 2          | ła                          |                               |
|      | 4b. Property, hor                                | meowner's, or rent  | er's insurance  |             |   |        | 2          | łb                          |                               |
|      | 4c Home mainte                                   | enance renair and   | d upkeep expenses   |             |   |        | 2          | lc.                         |                               |

4d. Homeowner's association or condominium dues

4d.

Debtor 1 Jessika

First Name

Middle Name

Document

Last Name

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Case number (if known)

Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$75.00 6b. Water, sewer, garbage collection 6b. 6c. Telephone, cell phone, Internet, satellite, and 6c. \$150.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$500.00 Childcare and children's education costs 8. \$300.00 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$50.00 12. Transportation. Include gas, maintenance, bus or train 12. \$350.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. Vehicle insurance 15c. 15c. 15d. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Taxes. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 Student Loan 17b. 17c. Other. Specify: 17c. \$125.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. 20e. Homeowner's association or condominium dues 20e

|     |        | Case 16-                | 04449       | Doc 1                           | Filed 02/12/16  |                   |            | 2/16 14:2     | 7:06      | De     | esc Main     |         |
|-----|--------|-------------------------|-------------|---------------------------------|---|-------------------|------------|---------------|-----------|--------|--------------|---------|
| Deb | otor 1 | <u>Jessika</u>          |             | A.                              | Document<br>Sutton                                    | Page 34           | 0ĭ 5∠<br>— | Case number   | r (if kno | wn) _  |              |         |
|     |        | First Name              |             | Middle Name                     | Last Name   |                   |            |               |           |        |              |         |
| 21. | Othe   | er. Specify: _          |             |                                 |   |                   |            |               | 21.       | +      |              |         |
| 22. | Calc   | culate your mo          | onthly exp  | enses.                          |   |                   |            |               |           |        |              |         |
|     | 22a.   | . Add lines 4 t         | through 21  | 1.                              |   |                   |            |               | 22a.      |        | \$2,         | 200.00  |
|     | 22b.   | Copy line 22            | 2 (monthly  | expenses for                    | Debtor 2), if any, from 0                             | Official Form 106 | 6J-2.      |               | 22b.      |        |              |         |
|     | 22c.   | Add line 22a            | and 22b.    | The result is                   | your monthly expenses                                 | 3.                |            |               | 22c.      |        | \$2,         | 200.00  |
| 23. | Calc   | culate your mo          | onthly net  | income.                         |   |                   |            |               |           |        |              |         |
|     | 23a.   | Copy line 12            | 2 (your con | nbined monthl                   | ly income) from Schedu                                | ıle I.            |            |               | 23a.      |        | <b>\$2,</b>  | 183.12  |
|     | 23b.   | . Copy your m           | nonthly exp | penses from li                  | ine 22c above.  |                   |            |               | 23b.      |        | <b>\$2,</b>  | 200.00  |
|     | 23c.   |                         |             | expenses from<br>thly net incom | m your monthly income.<br>ne.                         |                   |            |               | 23c.      |        | (\$          | 516.88) |
| 24. | Do     | ou expect an            | increase    | or decrease i                   | in your expenses with                                 | in the year afte  | r you file | e this form?  |           |        |              |         |
|     |        |                         | •           | . , ,                           | g for your car loan withi<br>of a modification to the | •                 |            | ,             | gage      |        |              |         |
|     |        | No.                     |             |                                 |   |                   |            |               |           |        |              |         |
|     |        | Yes. Explain Debtor can |             | g a combina                     | ation pf Public Trans                                 | sportation and    | d UBER     | र, she will b | e getti   | ng a c | ar as soon a | s she   |
|     |        |                         |             |                                 |   |                   |            |               |           |        |              |         |

| ŀ          | ill in this inf               | formation to i                  | dentify your case         | :  |   |                                 |
|------------|-------------------------------|---------------------------------|---------------------------|--|---|---------------------------------|
| D          | ebtor 1                       | Jessika                         | Α.                        | Sutton   |   |                                 |
| _          |                               | First Name                      | Middle Name               | Last Name  |   |                                 |
|            | ebtor 2<br>Spouse, if filing) | First Name                      | Middle Name               | Last Name  | —   |                                 |
| U          | Inited States Ba              | inkruptcy Court fo              | or the: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS  | <u>s</u>  |                                 |
| С          | Case number                   |                                 |                           |  | - Chook   | if this is an                   |
| (i         | f known)                      |                                 |                           |  |   | if this is an<br>ed filing      |
| <u></u>    | fficial Forms                 | 1000                            |                           |  |   |                                 |
|            | fficial Form                  |                                 | oto and Liabilit          | ice and Cartain  | Statistical Information   | 40/45                           |
| <b>5</b> ( | ummary o                      | r Your Ass                      | ets and Liabilit          | ies and Certain  | Statistical Information   | 12/15                           |
| COI        | rrect information             | on. Fill out all of             | your schedules first;     | then complete the info   | ether, both are equally responsible formation on this form. If you are filin and check the box at the top of this | g amended                       |
|            |                               |                                 | -                         | -  |   |                                 |
| P          | Part 1: Su                    | mmarize You                     | ır Assets                 |  |   |                                 |
|            |                               |                                 |                           |  |   | Your assets                     |
|            |                               |                                 |                           |  |   | Value of what you own           |
| 1.         |                               | 3: Property (Offici             |                           |  |   | <b>#0.00</b>                    |
|            | 1a. Copy line                 | e 55, Total real e              | state, from Schedule A    | /B   |   | \$0.00                          |
|            | 1b. Copy line                 | e 62, Total perso               | nal property, from Sche   | dule A/B   |   | \$13,610.00                     |
|            | 1c. Copy line                 | e 63, Total of all <sub>l</sub> | property on Schedule A    | /B   |   | \$13,610.00                     |
| ŀ          | Part 2: Su                    | mmarize You                     | ır Liabilities            |  |   |                                 |
|            |                               |                                 |                           |  |   | Your liabilities Amount you owe |
| •          | Cabadula Du                   | Our ditaur 14/h a 1 h           | our Claires Casumad hu    | Duran auto (Official Faura   | 40CD)   | 7 illiounit you ono             |
| ۷.         |                               |                                 | -                         | Property (Official Form claim, at the bottom of the control of the | the last page of Part 1 of Schedule D   | \$17,000.00                     |
| 3.         | Schedule E/F                  | : Creditors Who                 | Have Unsecured Claim      | s (Official Form 106E/F)   |   |                                 |
|            | 3a. Copy the                  | e total claims fron             | n Part 1 (priority unsecu | ured claims) from line 6e  | of Schedule E/F   | \$0.00                          |
|            | 3b. Copy the                  | e total claims fron             | n Part 2 (nonpriority uns | secured claims) from line  | e 6j of Schedule E/F  | + \$21,423.25                   |
|            | ,,                            |                                 | ` ' '                     | ,  | ,   |                                 |
|            |                               |                                 |                           |  | Your total liabilities  | \$38,423.25                     |
|            |                               |                                 |                           |  |   |                                 |
| -          | Part 3: Su                    | mmarize Vou                     | ır Income and Exp         | ansas  |   |                                 |
|            | outo. Su                      | iiiiiiaiize 100                 | ii iiicoille aliu Exp     | C113C3   |   |                                 |
| 4.         |                               | our Income (Office              | ,                         | Schedule I   |   | \$2,183.12                      |
|            | Jopy your co                  |                                 |                           | Joi 100010 1   |   | ···                             |

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$2,200.00

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Jessika A. Documber Page 36 ofc52 number (if known)

Debtor 1

SSIKA A. DOGUITO

It Name Middle Name Last N

# Part 4: Answer These Questions for Administrative and Statistical Records

| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |
|----|--|
|    | <ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul>  |
| 7. | What kind of debt do you have?   |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |
|    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.   |
| _  |  |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following:   |             |
| 9a. Domestic support obligations. (Copy line 6a.)  | \$0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$0.00      |
| <ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as<br/>priority claims. (Copy line 6g.)</li> </ol> | \$0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | +\$0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$0.00      |

|                       | Case 16-04449                                    |  | 02/12/10 Enteret             | u 02/12/16 14.27.06 Desc Maiii<br>'nf.52  |       |
|-----------------------|--|--|------------------------------|---|-------|
| Fill in t             | this information to                              | identify your case                           |                              | <u> </u>  |       |
| Debtor 1              | Jessika<br>First Name                            | <b>A.</b><br>Middle Name                     | Sutton<br>Last Name          |   |       |
| Debtor 2<br>(Spouse,  | , if filing) First Name                          | Middle Name                                  | Last Name                    | _   |       |
| United S              | tates Bankruptcy Court fo                        | or the: <b>NORTHERN</b> I                    | DISTRICT OF ILLINOIS         |   |       |
| Case nur<br>(if known |  |  |                              | Check if this is an amended filing  |       |
|                       | Form 106Dec                                      |  |                              |   |       |
| Declar                | ation About an                                   | Individual Deb                               | tor's Schedules              |   | 12/15 |
| You must              | file this form whenever g property, or obtaining | you file bankruptcy :<br>money or property k |                              | nedules. Making a false statement,<br>n a bankruptcy case can result in fines up to |       |
| Did y                 | ou pay or agree to pay                           | someone who is NO                            | Γ an attorney to help you fi | II out bankruptcy forms?  |       |
|                       | No   |  |                              |   |       |
| □ `                   | Yes. Name of person _                            |  |                              | Attach Bankruptcy Petition Preparer's Not Declaration, and Signature (Official Form |       |
|                       |  |  |                              |   |       |

Signature of Debtor 2

MM / DD / YYYY

Date

X /s/ Jessika A. Sutton
Jessika A. Sutton, Debtor 1

Date <u>02/12/2016</u> MM / DD / YYYY

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|     |                                       |   | Doc                      | ument P                  | ane 38 of <sup>1</sup> | 52        |                       |                               |    |
|-----|---------------------------------------|---|--------------------------|--------------------------|------------------------|-----------|-----------------------|-------------------------------|----|
| F   | ill in this info                      | ormation to ide   | ntify your case          | :                        |                        |           |                       |                               |    |
| D   | ebtor 1                               | Jessika<br>First Name   | <b>A.</b><br>Middle Name | Sutton<br>Last Name      |                        |           |                       |                               |    |
|     | ebtor 2<br>Spouse, if filing)         | First Name  | Middle Name              | Last Name                |                        |           |                       |                               |    |
| U   | nited States Bar                      | nkruptcy Court for th   | e: <b>NORTHERN D</b>     | ISTRICT OF IL            | LINOIS                 |           |                       |                               |    |
| _   | ase number<br>known)                  |   |                          |                          | _                      |           | Check if th amended f |                               |    |
|     | ficial Form                           |   |                          |                          |                        |           |                       |                               |    |
| St  | atement o                             | f Financial A   | ffairs for Inc           | lividuals Fi             | ling for Ba            | ankruptcy |                       | 12/                           | 15 |
| yοι | ır name and ca                        | n. If more space is<br>se number (if know<br>re Details About | n). Answer every         | question.                |                        | , ,       | additional page       | s, write                      | _  |
| 1.  | What is your of Married  ✓ Not marrie | current marital stat  | us?                      |                          |                        |           |                       |                               |    |
| 2.  | <b>√</b> No                           | st 3 years, have you  | •                        |                          | •                      |           |                       |                               |    |
|     | Debtor 1:                             |   |                          | tes Debtor 1<br>ed there | Debtor 2:              |           |                       | Dates Debtor 2<br>lived there |    |
| 3.  | (Community p                          | et 8 years, did you of roperty states and to and Wisconsin.)  | •                        | • .                      |                        |           | •                     | •                             |    |
|     | ✓ No<br>☐ Yes. Mak                    | e sure you fill out So  | chedule H: Your Co       | debtors (Official        | Form 106H).            |           |                       |                               |    |

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Debtor 1

Part 2:

Jessika

**Explain the Sources of Your Income** 

Docsument

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First Name

Middle Name

| 4. Did you have any income from employr<br>Fill in the total amount of income you rece<br>If you are filing a joint case and you have  | eived from all jobs and all bus                                | sinesses, including par  | t-time activities.   | endar years?   |
|--|--|--|--|--|
| <ul><li>No</li><li>✓ Yes. Fill in the details.</li></ul>   |  |  |  |  |
|  | Debtor 1   |  | Debtor 2   |  |
|  | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions                     | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions                     |
| From January 1 of the current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips                              | \$4,000.00   | Wages, commissions, bonuses, tips                                |  |
|  | Operating a business   |  | Operating a business   |  |
| For the last calendar year:  | ✓ Wages, commissions, bonuses, tips                            | \$20,000.00  | Wages, commissions, bonuses, tips                                |  |
| (January 1 to December 31, 2015 )  | Operating a business   |  | Operating a business   |  |
| For the calendar year before that:   | Wages, commissions, bonuses, tips                              | \$12,000.00  | Wages, commissions, bonuses, tips                                |  |
| (January 1 to December 31, 2014)   | Operating a business   |  | Operating a business   |  |
| Include income regardless of whether that unemployment; and other public benefit p and gambling and lottery winnings. If you Debtor 1.  List each source and the gross income from No  Yes. Fill in the details. | ayments; pensions; rental inc<br>are in a joint case and you h | come; interest; dividen<br>ave income that you re                        | ds; money collected from law<br>eceived together, list it only o | vsuits; royalties;   |
|  | Debtor 1   |  | Debtor 2   |  |
|  | Sources of income<br>Describe below.                           | Gross income<br>from each source<br>(before deductions<br>and exclusions | Sources of income<br>Describe below.                             | Gross income<br>from each source<br>(before deductions<br>and exclusions |
| From January 1 of the current year until the date you filed for bankruptcy:  |  |  |  |  |
| For the last calendar year: (January 1 to December 31, 2015)   | Unemployment Comp  | \$1,120.00   |  |  |
| YYYY   |  |  |  |  |
| For the calendar year before that: (January 1 to December 31, 2014)  YYYYY   |  |  |  |  |

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Debtor 1

Docsument Page 40 ofc52 number (if known) Jessika First Name Middle Name

| Part 3:                        | List Ce  | rtain Payn   | nents You M   | ade Before `                           | You Filed for Ba  | nkruptcy   |  |
|--------------------------------|--|--|---|--|---|--|--|
| 6. Are eit                     | ther Debtor 1's or Debtor 2's debts primarily consumer debts?  |  |   |  |   |  |  |
| □ No                           |  |  |   | •                                      | <b>imer debts.</b> Consur   |  | d in 11 U.S.C. § 101(8) as   |
|                                | During t   | he 90 days be  | efore you filed fo  | or bankruptcy, di                      | id you pay any credit   | or a total of \$6,225*   | or more?   |
|                                | ☐ No.  | Go to line 7.  |   |  |   |  |  |
|                                | —<br>☐ Yes.  | total amount   | you paid that c   | reditor. Do not i                      | total of \$6,225* or minclude payments for ude payments to an     | domestic support of  | bligations, such as  |
|                                | * Subjec   | ct to adjustme   | nt on 4/01/16 ar  | nd every 3 years                       | after that for cases  | filed on or after the o  | date of adjustment.  |
| <b>√</b> Ye                    | s. <b>Debtor</b>   | 1 or Debtor 2  | or both have p  | orimarily consu                        | ımer debts.   |  |  |
| _                              | During t   | he 90 days be  | efore you filed fo  | or bankruptcy, di                      | id you pay any credit   | or a total of \$600 or   | more?  |
|                                | □ No.  | Go to line 7.  |   |  |   |  |  |
|                                |  |  |   |  | estic support obligation y for this bankruptcy  Total amount paid |  | Was this payment for   |
| American                       | Credit Acc   | ceptance   |   | 12/2015                                | \$2,000.00  | \$17,000.00  | ☐ Mortgage   |
| Creditor's nam                 |  | ·  |   | _                                      |   |  | _ ☑ Car  |
| 5486 Old [                     |  |  |   | <u>—</u>                               |   |  | Credit card  |
| Number St                      | treet  |  |   |  |   |  | Loan repayment   |
|                                |  |  |   | <del></del>                            |   |  | Suppliers or vendors   |
| Forest Pai                     | rk   | GA   | 30297   | _                                      |   |  | Other  |
| City                           |  | State  | ZIP Code  |  |   |  |  |
| Insider corpora agent, such as | rs include yo<br>ations of whi<br>including on<br>s child supp | ur relatives; a<br>ch you are an<br>e for a busine<br>ort and alimor | iny general parti<br>officer, director<br>ess you operate | ners; relatives o<br>r, person in cont | f any general partner<br>rol, or owner of 20%                     | rs; partnerships of working of working or more of their voting the contractions of their voting of their voting the contractions of the contractio | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |

| Debt | tor 1      |            | se 16-04449<br>essika                                     | Doc 1<br>A.     | Filed 02/12/16<br>Document                    | Entered 02/12/16 14:27:06<br>Page 41 ofc52 number (if known)                                    | Desc Main            |
|------|------------|------------|---|-----------------|---|---|----------------------|
|      |            |            | rst Name  | Middle Name     | Last Name                                     |   |                      |
| 8.   |            | -          | ear before you file<br>an insider?                        | ed for bankrup  | otcy, did you make any                        | y payments or transfer any property on ac   | count of a debt that |
|      | Inclu      | ide pa     | lyments on debts gu                                       | uaranteed or co | osigned by an insider.                        |   |                      |
|      |            | No<br>Yes. | List all payments th                                      | at benefited ar | n insider.                                    |   |                      |
| Pa   | art 4      |            | Identify Legal <i>I</i>                                   | Actions, Re     | possessions, and                              | Foreclosures  |                      |
| 9.   | List a     | all suc    | •   | g personal inju |   | in any lawsuit, court action, or administra<br>actions, divorces, collection suits, paternity a |                      |
|      | <u> </u>   | No<br>Yes. | Fill in the details.                                      |                 |   |   |                      |
|      |            |            |   | Nature o        | of the case                                   | Court or agency   | Status of the case   |
| 10.  | seiz       | ed, or     | rear before you file<br>revied?<br>that apply and fill in | ·               |   | property repossessed, foreclosed, garnish   | ed, attached,        |
|      |            |            | So to line 11.<br>Fill in the informatio                  | n below.        |   |   |                      |
| 11.  |            |            |   |                 |   | r, including a bank or financial institution,<br>ause you owed a debt?                          | set off any          |
|      | ست         | No<br>Yes. | Fill in the details.                                      |                 |   |   |                      |
| 12.  |            | -          | •   | -               | otcy, was any of your pustodian, or another o | property in the possession of an assignee<br>fficial?   | for the benefit of   |
|      | ☐ <u>`</u> | No<br>Yes  |   |                 |   |   |                      |
| Pa   | art 5      | :          | List Certain Gif  | its and Con     | tributions                                    |   |                      |
| 13.  | With       | in 2 y     | ears before you fil                                       | led for bankru  | ıptcy, did you give any                       | y gifts with a total value of more than \$600   | per person?          |
|      |            | No<br>Yes. | Fill in the details for                                   | each gift.      |   |   |                      |
| 14.  |            | -          | vears before you fil<br>arity?                            | led for bankru  | ıptcy, did you give any                       | y gifts or contributions with a total value o   | f more than \$600    |
|      | ·          | No<br>Yes. | Fill in the details for                                   | each gift or co | ontribution.                                  |   |                      |

Case 16-04449 Filed 02/12/16 Entered 02/12/16 14:27:06 Desc Main Doc 1 Page 42 ofc52 number (if known) Docsumment Debtor 1 Jessika Middle Name Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **☑** No Yes. Fill in the details. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. Yes. Fill in the details. Description and value of any property transferred Date payment Amount of or transfer was payment Robert J. Adams made Person Who Was Paid 901 W. Jackson, Suite 202 02/04/2016 \$400.00 Number Street 60603 Chicago IL State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ☐ Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **✓** No ☐ Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **☑** No Yes. Fill in the details.

Case 16-04449 Filed 02/12/16 Entered 02/12/16 14:27:06 Desc Main Doc 1 Docsumment Page 43 ofc52 number (if known) Debtor 1 Jessika Middle Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **☑** No Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **☑** No ☐ Yes. Fill in the details. 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **☑** No ☐ Yes. Fill in the details. Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **☑** No ☐ Yes. Fill in the details.

**☑** No

Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

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|--|--|-----------------------------------|---|---|--|---|--|--|--|
| Dec  | otor 1   | First Name                        | Middle Name                                   | Document  Last Name                     | Page 44 ofc522 number (if known)             |   |  |  |  |
| 26.  | orde   |                                   | n in any judicial or a                        | administrative proceed                  | ling under any environmental law? Includ     | e settlements and   |  |  |  |
|  |  | es. Fill in the deta              | ails.   |   |  |   |  |  |  |
| P  | art 11   | Give Detai                        | Is About Your I                               | Business or Conne                       | ections to Any Business                      |   |  |  |  |
| 27.  | 7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |                                   |   |   |  |   |  |  |  |
|  | <ul> <li>A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time</li> <li>A member of a limited liability company (LLC) or limited liability partnership (LLP)</li> <li>A partner in a partnership</li> <li>An officer, director, or managing executive of a corporation</li> <li>An owner of at least 5% of the voting or equity securities of a corporation</li> </ul> |                                   |   |   |  |   |  |  |  |
|  |  |                                   | oove applies. Go to tage apply above and file | Part 12.<br>Il in the details below for | each business.                               |   |  |  |  |
| 28.  |  |                                   | you filed for bankros, creditors, or oth      |   | nancial statement to anyone about your b     | usiness? Include  |  |  |  |
|  | _  | No<br>'es. Fill in the deta       | ails below.                                   |   |  |   |  |  |  |
| P  | art 12   | Sign Belov                        | N   |   |  |   |  |  |  |
| I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |                                   |   |   |  |   |  |  |  |
| -  |  | ssika A. Sutton                   |   | X<br>Signature o                        | (Daluero                                     |   |  |  |  |
|  | Jessika<br>Date  | a A. Sutton, Debtor<br>02/12/2016 | F1  | Signature o                             | T Deptor 2                                   |   |  |  |  |
|  | -  |                                   | -   |   |  |   |  |  |  |
| V  |  | ttach additional p                | ages to Your State                            | ment of Financial Affa                  | irs for Individuals Filing for Bankruptcy (O | fficial Form 107)?  |  |  |  |
| Did  | you p  | ay or agree to pay                | y someone who is                              | not an attorney to help                 | you fill out bankruptcy forms?               |   |  |  |  |
|  |  | Name of person                    |   |   |  | y Petition Preparer's Notice,<br>ature (Official Form 119). |  |  |  |

|            | Case :               | 16-04449                           |   | )2/12/16<br>Iment  | Entered 0 Page 45 of         | 2/12/16 14:2<br><b>_</b> 52    | :7:06 Des         | c Main                               |
|------------|----------------------|------------------------------------|---|--------------------|------------------------------|--------------------------------|-------------------|--------------------------------------|
| Fill in    | this info            | ormation to i                      | dentify your case:                                      |                    |                              |                                |                   |                                      |
| Debtor     | 1                    | Jessika<br>First Name              | A. Middle Name  | Sutton<br>Last Nam |                              |                                |                   |                                      |
| Debtor     | . 0                  | riist Name                         | Middle Name   | Lastivani          | 6                            |                                |                   |                                      |
|            | se, if filing)       | First Name                         | Middle Name   | Last Nam           | e                            |                                |                   |                                      |
| United     | States Ban           | nkruptcy Court fo                  | r the: <b>NORTHERN DI</b>                               | STRICT OI          | ILLINOIS                     |                                |                   |                                      |
| Case n     |                      |                                    |   |                    |                              |                                | _                 | Check if this is an                  |
| (if knov   | wn)                  |                                    |   |                    |                              |                                | L                 | amended filing                       |
| Officia    | al Form              | 108                                |   |                    |                              |                                |                   |                                      |
|            |                      |                                    | for Individuals   | Filing L           | Inder Chapt                  | ter 7                          |                   | 12/15                                |
| If you ar  | e an indivi          | dual filing unde                   | er chapter 7, you must                                  | fill out this      | orm if:                      |                                |                   |                                      |
| ■ credi    | itors have           | claims secured                     | by your property, or                                    |                    |                              |                                |                   |                                      |
| ■ you h    | nave lease           | d personal prop                    | erty and the lease has                                  | not expired        | I.                           |                                |                   |                                      |
| of credit  | tors, which          |                                    | ourt within 30 days aft<br>unless the court exten       |                    |                              |                                |                   |                                      |
|            |                      | ple are filing too                 | gether in a joint case, l<br>the form.                  | both are equ       | ıally responsible            | for supplying cor              | rrect information | ı.                                   |
|            | -                    | -                                  | ossible. If more space<br>and case number (if I         |                    | attach a separat             | e sheet to this for            | rm. On the top o  | of any                               |
| Part 1     | 1: List              | t Your Credit                      | ors Who Hold Sec  | ured Claii         | ns                           |                                |                   |                                      |
|            | -                    | tors that you lis<br>mation below. | ted in Part 1 of <i>Sched</i>                           | ule D: Credi       | tors Who Hold C              | laims Secured by               | Property (Offici  | al Form 106D),                       |
| ldei       | ntify the cr         | editor and the p                   | property that is collate                                |                    | hat do you inten             |                                | •                 | claim the property ot on Schedule C? |
| Cre<br>nam | editor's<br>ne:      | American C                         | redit Acceptance  | 5                  |                              | property. perty and redeem     | □ No<br>it. □ Yes |                                      |
| Des        | scription of         | 2010 DODG                          | E JOURNEY   |                    | Retain the pro               | perty and enter into           |                   |                                      |
|            | perty<br>uring debt: |                                    |   |                    | Reaffirmation Retain the pro | Agreement. perty and [explain] | :                 |                                      |
| Part 2     | 2: List              | t Your Unexn                       | oired Personal Pro                                      | perty Leas         | ses                          |                                |                   |                                      |
|            |                      | -                                  | ,   |                    |                              |                                |                   |                                      |
| -          | -                    |                                    | erty lease that you liste<br>not list real estate lease |                    | -                            |                                | -                 | •                                    |
|            |                      |                                    | nexpired personal pro                                   | •                  |                              |                                | •                 | •                                    |

Describe your unexpired personal property leases

Will this lease be assumed?

None.

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Debtor 1

First Name Middle Name

Last Name

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Jessika A. Sutton

Jessika A. Sutton, Debtor 1

Date 02/12/2016 MM / DD / YYYY

Signature of Debtor 2

Date MM / DD / YYYY

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

| \$75  | filing fee<br>administrative fee<br>trustee surcharge |
|-------|---|
| \$335 | total fee   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

| + |         | filing fee<br>administrative fee |
|---|---------|----------------------------------|
|   | \$1 717 | total fee                        |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

| + |       | filing fee<br>administrative fee |  |
|---|-------|----------------------------------|--|
|   | \$275 | total fee                        |  |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

| + |       | filing fee<br>administrative fee |
|---|-------|----------------------------------|
|   | \$310 | total fee                        |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case togethercalled a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| n  | re Jessika A. Sutton   | Case No.                           |                                 |
|----|--|------------------------------------|---------------------------------|
|    |  | Chapter                            | 7                               |
|    | DISCLOSURE OF COMPENSATION   | N OF ATTORNEY FOR                  | R DEBTOR                        |
| ١. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I control that compensation paid to me within one year before the filing of services rendered or to be rendered on behalf of the debtor(s) is as follows: | of the petition in bankruptcy, or  | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept  | \$                                 | 1,900.00                        |
|    | Prior to the filing of this statement I have received  |                                    | \$400.00                        |
|    | Balance Due  | \$                                 | 1,500.00                        |
| 2. | The source of the compensation paid to me was:   |                                    |                                 |
|    |  |                                    |                                 |
| 3. | The source of compensation to be paid to me is:  |                                    |                                 |
| •  | ✓ Debtor ☐ Other (specify)   |                                    |                                 |
| 1. | ☑ I have not agreed to share the above-disclosed compensa associates of my law firm.   | tion with any other person unle    | ess they are members and        |
|    | ☐ I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, togeth compensation, is attached.  |                                    |                                 |
| 5. | In return for the above-disclosed fee, I have agreed to render le  | egal service for all aspects of th | ne bankruptcy case, including:  |
|    | a. Analysis of the debtor's financial situation, and rendering adbankruptcy;   | vice to the debtor in determinin   | g whether to file a petition in |
|    | b. Preparation and filing of any petition, schedules, statements   | of affairs and plan which may      | be required;                    |
|    | c. Representation of the debtor at the meeting of creditors and  | confirmation hearing, and any      | adjourned hearings thereof;     |
|    |  |                                    |                                 |

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/12/2016 /s/ Robert J. Adams & Associates

Date Robert J. Adams & Associates Robert J. Adams & Associates

901 W. Jackson, Suite 202 Chicago, IL 60603

Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Jessika A. Sutton

Jessika A. Sutton